

Virginia Scope of Practice – Ad Hoc Committee
Office of EMS Technology Park
August 27, 2008
10:30 am

Members Present:	Members Absent:	Staff:	Others:
James Dudley, M.D. Asher Brand, M.D. Allen Yee, M.D. Debbie Akers Jeff Meyer Jeff Reynolds Randy Baum James Gray Tom Jarman	Stewart Martin Dreama Chandler	Gary Brown Michael Berg Warren Short Greg Neiman Chad Blosser George Lindbeck, M.D. Tom Nevetral	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:45 AM and committee members were welcomed.	
II. Introductions	Committee members were asked to introduce themselves.	
III. Approval of Minutes	The July 29, 2008 meeting minutes were approved as corrected as follows: Jeff Meyer(s) name misspelled; “99” removed from Intermediate throughout minutes to simply denote “Intermediate” specifically since I-85 will no longer exist there should be no confusion; and the statement “Based upon information from the attorney general’s office this is not permissible” be changed to state that “A policy would have to be devised to outline what criteria would be required to allow an OMD to add to the approved list of skills/medications.”	
IV. State Medical Director	<p>Dr. George Lindbeck summarized a meeting with Matt Cobb; Attorney General’s Office and advised the committee that Mr. Cobb was very clear in stating that EMS providers were subordinates of the OMD.</p> <p>The <i>EMS Regulations</i> prohibits any physician from “[k]nowingly allow subordinates...provide patient care outside the subordinate’s scope of practice....” If an OMD, as a licensed physician, knowingly allows a subordinate (i.e. EMT, paramedic, etc) to exceed his or her scope of practice, then the physician is violating Board of Medicine regulations and is subject to disciplinary action that could include suspension or revocation of his or her medical license.</p> <p>A question concerning “what if a physician wanted to do a study” was raised and Mr. Cobb</p>	

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	<p>advised that he would have to investigate further and report back. It was also stated that the “schedules” would have to be in Statutes or Regulations to be enforceable.</p> <p>It was also clear that the Office of EMS was a mandated reporter, therefore if OEMS was aware that an OMD was not compliant then OEMS was obligated to report it to the Board of Medicine.</p> <p>Michael Berg advised that it could take two years on average to obtain the approval process for a new regulation to be added to the <i>EMS Regulations</i>.</p> <p>Discussion centered on whether the committee wanted the schedules to be enforceable or a guidance document? No clear cut answer to this question so further discussion will ensue.</p> <p>Gary Brown stated that if the schedules are approved in regulations and an item is required to be removed from the schedules then OEMS can remove an item without difficulty, if it determined that it is no longer valid.</p> <p>Jeff Reynolds stated that he felt that there should be a “maximum” for the schedules to be determined for each of the approved certification levels.</p> <p>It was noted that there is a need for an administrative process for new items that need to be added to the schedules that do not fit into the broad categories on the schedules.</p>	
V. New Business	<p>The committee selected to review the proposed procedures and medications schedules that the Office of EMS staff put together with broad based categories that would allow better flexibility to add new technologies/procedures as they are developed.</p> <p>Medication schedules were to be discussed next.</p>	<p>Allen Yee, M.D. asked that the physicians be allowed to address the medications schedule to better determine the categories and present them to the committee for review at the next meeting. The committee agreed that this was appropriate.</p>
	<p>There were several items that the committee felt needed to be addressed by the Medical Direction Committee at their next meeting:</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> ○ Cricothyrotomy - requires further discussion on whether needle cricothyrotomy should be performed at the Intermediate certification level? ○ Obstructed airway – visualize upper airway – to be determined if it should be allowed at the EMR, EMT & AEMT certification levels? ○ Intubation – nasotracheal – should it be allowed at the Paramedic certification level? ○ Intubation – pharmacologic facilitation with paralytic - should it be allowed at the Intermediate level? ○ Ventilation –assisted – mechanical - should it be allowed Jet insufflation at the Intermediate level? ○ Mechanical Ventilator (Manual/Automated Transport Ventilator) – to be determined at the EMR, EMT & AEMT certification levels? ○ Pain Control/Sedation – inhaled/self administered – (Nitrous) to be determined if it should be allowed at the EMT certification level? ○ Blood and Component Therapy Administration – to be determined if it should it be allowed at the Intermediate certification level? ○ Hemodynamic techniques – central venous maintenance to be determined if it should it be allowed at the Intermediate certification level? ○ Hemodynamic techniques – access indwelling port - to be determined if it should it be allowed at the Intermediate certification level? ○ Hemodynamic monitoring – ECG - to be determined if it should it be allowed at the EMR certification level? ○ Other techniques- orogastric tube – to be determined if it should it be allowed at the EMT, AEMT & Intermediate certification levels? ○ Other techniques – patient restraint – chemical – to be determined if it should it be allowed at the Intermediate & Paramedic certification levels? ○ Other techniques – wound closure – to be determined if it should it be allowed at the Intermediate certification level? ○ Resuscitation – post resuscitative care – to be determined if it should it be allowed at the EMT, AEMT, Intermediate & Paramedic certification levels? ○ Ophthalmological - Corneal Exam with fluorescein - to be determined if it should it be allowed at the Intermediate certification level? 	<p>A question was asked if the <i>National EMS Education Standards</i> covered “amputations” and at what levels? The <i>National EMS Education Standards</i> covers “simple, depth, simple breadth beginning at the EMR certification level and then beginning at the EMT certification level expands to “amputation/replantation”. The use of “tourniquet” is not mentioned until the EMT certification level. The EMR simply “bleeding control” with no mention of tourniquet.</p>
VI. Old Business	none	
XIII. Public Comment	none	
XIV. For the Good of the Order	none	
XV. Adjourn	NEXT MEETING: October 1, 2008 at Office of EMS Technology Park 10:30 AM	